



DAY ACTIVITY AND HEALTH SERVICES (DAHS)

2019 COST REPORT & 2020 ACCOUNTABILITY REPORT

– Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference.

Do not return it to the Health and Human Services Commission

For assistance with the completion of this worksheet, contact the Rate Analysis Customer Information Center: RAD-LTSS@hhsc.state.tx.us

OPTIONAL WORKSHEET

All monetary calculations should be carried out to two decimal places.

STEP 1 – Units of Service

Enter the units of service from **Step 5.c.** of the Cost Report or Accountability Report, including STAR+PLUS and Private Units into the corresponding rate period boxes. We have provided 3 periods in the worksheet. Depending on the type of report being completed and your reporting period, you may only have 1 or 2 periods.

STEP 2 - Attendant and Driver Expenses

A Driver is considered an Attendant in the DAHS Program. Enter the total of each Attendant (including Driver) expense in Boxes D through K. Calculate your total Attendant Expenses by adding the following: Total Staff Wages, Total Contracted Payments, Total Employee Benefits/Insurance, and Total Mileage Reimbursement from **Step 6.c.** as well as the Total Attendant FICA and Medicare Payroll Taxes, State and Federal Unemployment Taxes and Workers' Compensation Premiums and Paid Claims from **Step 7.** Enter the sum in Box L.

STEP 3 - Calculate Attendant Cost Per Unit

Enter the Total Attendant Costs from Box L and the sum of DAHS Units of Service from Box A, Box B, and Box C. Calculate the Cost Per Unit amount by dividing the Total Attendant Costs by the Total DAHS Units of Service. Enter the result in Box M.

STEP 4 – Calculate Weighted Average Attendant Rate

Multiply Period 1 units of service (Box A) by your rate (attendant cost component for your level of participation) for Period 1, if applicable. Multiply Period 2 units of service (Box B) by your rate (attendant cost component for your level of participation) for Period 2, if applicable. Multiply Period 3 units of service (Box C) by your rate (attendant cost component for your level of participation) for Period 3, if applicable. Add these products and enter the sum in Box N. Then divide the amount in Box N by the Total Units of Service and enter the weighted average rate (attendant cost component) in Box O.

STEP 5 – Calculate Spending Requirement

Multiply the amount in Box O by 0.90 and enter the product in Box P (Spending Requirement).

STEP 6 – Calculate Estimated Recoupment Per Unit of Service

Subtract the amount in Box M from the amount in Box P. Enter the result in Box Q.

Multiply the amount in Box Q by the Medicaid Only Units. Enter the product in Box R.

The value in Box R is your **estimated recoupment per unit of service**. Note that this estimate is based on the information reported in this Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to ensure accuracy